



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:120
3-JTS-4C-07, 44, 47—50
3-JDF-4C-07, 42
3-JCRF-4C-02, 25, 27—29
1-JDTP-3B-09, 19
1-JBC-4C-07, 39
NCCHC Y-A-01, Y-A-08, Y-A-12,
Y-E-01, Y-E-12, Y-H-03, Y-I-
04, Y-I-05

CHAPTER: Health and Safety Services	AUTHORITY: KRS 15A.065
SUBJECT: Continuity of Care and Medical Discharge	
POLICY NUMBER: DJJ 402.1	
TOTAL PAGES: 3	
EFFECTIVE DATE: 4/4/2014	
APPROVAL: A. Hasan Davis	, COMMISSIONER

I. POLICY

All Department of Juvenile Justice (DJJ) programs shall provide for continuity of care from admission to discharge, including referral to community care when indicated.

II. APPLICABILITY

A. This policy shall apply to DJJ operated group homes and youth development centers.

B. This policy shall apply to detention centers with the following exceptions:

1. Parental consent shall not be required as the authority of the detention center to provide medical, dental and mental health screening and emergency treatment is vested through KRS 605.110.
2. Medical Discharge of a youth from detention is at the sole discretion of the court.

III. DEFINITIONS

Refer to Chapter 400.

IV. PROCEDURES

A. Continuity of Care

1. DJJ staff shall make every attempt to obtain previous medical and psychiatric histories on youth entering DJJ programs.
2. While in DJJ youth development centers, the Treatment Director and nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated. In group homes and detention centers, the Superintendent and a registered nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated.

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3. Youth identified with having long-term or potentially serious physical or mental conditions shall be referred to appropriate community health providers upon release, accompanied by relevant health information.
4. A discharge summary shall be completed for all youth released from a facility. Group homes and youth development centers shall forward a copy to the community worker and provide a copy to the parent or guardian. In case a youth is eighteen (18) years old, the copy shall be given to the youth. A final copy shall be maintained in the Medical Record.
5. Youth transferred or released from a facility, or stepped down from a group home or YDC, shall be provided a minimum of 3 business days supply of prescription medication(s).

B. Medical Discharge

1. Youth with special medical or psychiatric conditions may be furloughed or discharged from the treatment program at any time when the Superintendent, Regional Facilities Administrator or Regional Manager, Regional Director, and Deputy Commissioner consult with the DJJ Medical Director or Chief of Mental Health Services and the youth's primary health care provider or psychologist and determine that the youth's needs cannot be safely and adequately met by the treatment facility or that continued placement is deteriorating the youth's medical or mental condition or is counterproductive to the medical or mental health treatment.
2. Youth may be scheduled for readmission to treatment when the medical or psychiatric condition is no longer a predominant factor. Request for readmission shall be forwarded for approval from the Juvenile Services Worker through supervisory channels to the Classification Branch.
3. NOTE: Medical furlough is a special circumstance and is not intended to comply with the guidelines for normal furlough outlined in DJJPP 310.

C. Sharing Health Information

1. The qualified health professionals shall have access to information contained in the youth's Individual Client Record when this information is relevant to the youth's physical or mental health or course of treatment.
2. The health authority shall share with the facility superintendent information concerning a juvenile's medical management within the guidelines of confidentiality.
3. Program staff shall be informed of certain medical and mental health conditions of youth in order that the staff can respond appropriately to situations that may arise, but shall not have access to the Medical Record.
4. In youth development and detention centers, the Nurse Shift Program Supervisor(NSPS) or psychologist shall determine, in accordance with Cabinet

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and Departmental policies relating to confidentiality and a need to know, when or what information concerning a youth's physical or mental illness or condition may be relevant to preserve the health and safety of DJJ youth and staff. In group homes, the superintendent, in cooperation with the health authority, shall perform this task. In day treatment programs the program director shall perform this function. The sharing of this information shall occur in Treatment Team meetings or through shift meetings and reports, depending on the nature of the condition or illness. The nurse and superintendent shall determine the most appropriate way to convey this information.

5. Questions or difficulty in determining "need to know" shall be directed to the Medical Director, the Chief of Mental Health Services or the General Counsel.
6. Qualified health professionals from outside agencies providing direct or consultative physical or mental health services for youth shall be required to sign confidentiality statements in accordance with Cabinet and Departmental policies in order to have access to needed information in a youth's Individual Client Record.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the Superintendent or designee, the qualified health professionals, the Medical Director or designee, Chief of Mental Health Services, or designee, the Regional Director or designee, Quality Assurance Branch, and, as warranted, the Deputy Commissioner of Operations.